KENTUCKY BOARD OF RESPIRATORY CARE

Traditional Bank Building 163 West Short Street, Suite #350 Lexington, KY 40507 (859) 246-2747 (859) 246-2750 http://kbrc.ky.gov

* APPLICATION FOR RENEWAL

Name:		FOR BOARD USE ONLY
Address:		Check #
	ss: State: Zip:	Check amt
•	<u>-</u>	
Certificate No: # Current Status: ACTIVE INACTIVE		() MANDATORY CERT. (\$75)
Current Status. ACTIVE INACTIVE		() INACTIVE STATUS (\$25)
After Jorespirate proof of You ma	landatory certification will expire <u>01/30/12</u> . You long with the appropriate renewal fee as delineat Renew prior to January Reinstatement after January 30 th your mandatory certification is term tory care until reinstated. You must complete a f 24 hours of continuing education. Checks show any request Inactive Status if you are <u>not</u> employeation. Please be advised that you cannot practice	ed below: 30 \$75 uary 30 \$150 ninated and by law, you cannot practice reinstatement form; submit the \$150.00 fee and all be made to the Kentucky State Treasurer. ed but wish to maintain your mandatory
comple	ted form, along with the \$25 fee for processing a	nd mark appropriate section on back of form.
1.	NAME	
	ADDRESS	
	CITY	STATEZIP CODE
	COUNTY	_PHONE
2.	resent employers name, address and phone number: AME	
	ADDRESS	
	PHONE	
3.	SOCIAL SECURITY NUMBER	
4.	Have you been charged with, convicted of, or pled guilty to a felony or misdemeanor since your last renewal of your Kentucky mandatory certification?	
	YES (attach documentation)	No
	* Application must be completed in	full and signed; otherwise the renewa

al will not be processed.

continuing each of the education programs for this renewal period: **Dates of Program** Provider # Course # & Program Title # of CEU's Total # of CEU's_____ __X__ As a <u>non-audited</u> renewal, you must <u>maintain documentation</u> of the above completed continuing education programs and all other continuing education which you have obtained, for a 3-year period. Remaining on Inactive Status (no continuing education required) Requesting Inactive Status (no continuing education required) I hereby state that I am not in default on a repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority, KRS 164.772. I am not in arrears_____ I am in arrears_____ I hereby certify that all information provided by me on this form is true and correct to the best of my knowledge. Signature Date

Based on 201 KAR 29:050 (2), you must obtain 24 CEU's for each renewal Period. Do not mail documentation unless indicated as an Audit below. All applicants must complete the following information